REPORT TO THE

TWENTY-FIRST LEGISLATURE

STATE OF HAWAII

2002

PURSUANT TO
SECTION 321-195, HAWAII REVISED STATUTES,
REQUIRING A REPORT BY THE
DEPARTMENT OF HEALTH ON
IMPLEMENTATION OF THE
STATE PLAN FOR SUBSTANCE ABUSE

PREPARED BY:

ALCOHOL AND DRUG ABUSE DIVISION

DEPARTMENT OF HEALTH
STATE OF HAWAII
JANUARY 2002

EXECUTIVE SUMMARY

The Fiscal Year 2000-01 annual report for the Department of Health, Alcohol and Drug Abuse Division (ADAD) is submitted pursuant to Section 321-195, Hawaii Revised Statutes.

The agency's mission is to provide the leadership necessary for the development and delivery of quality substance abuse prevention and treatment services for Hawaii residents. ADAD plans, coordinates, provides technical assistance, and establishes mechanisms for training, data collection, research and evaluation to ensure that resources are utilized in the most effective and efficient manner possible. ADAD is the primary and often sole source of public funds for substance abuse prevention and treatment services. ADAD's efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the needs of individuals and families. (Treatment services have, as a requirement, priority admission for pregnant women, injection drug users, native Hawaiians and adult offenders.)

Substance abuse prevention is a dynamic and proactive process that attempts to reduce the supply and demand for alcohol and other drugs by focusing on: the agent, which is defined as alcohol, tobacco, and other legal and illegal drugs; the host, which is defined as the individual or group, their susceptibilities to alcohol and other drug-related problems, and their knowledge and attitudes that influence their behavior; and the environment, which is defined as the setting or context in which drinking and other drug-using behavior occurs or is influenced. The challenge is to reduce the demand for alcohol and other drugs. Because the agent (drugs), the host (individual or group) and the environment (society) are interactive and interdependent, prevention efforts must deal with all three simultaneously.

Substance abuse treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with substance abuse problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse the progress of any associated problems.

> ***Addiction*** *is a biopsychosocial disease, a distinct disorder requiring ongoing treatment and intervention, not only episodic or acute care. A person's addictive disorder cannot be addressed in isolation from addressing his or her biological, psychological or social needs. Addicted people may go on denying their alcohol and other drug problems, even when their lives are in shambles. It often takes serious trouble -- with the law, at school, at work, or in the family -- for them to make a move towards treatment. Most people think of treatment success as immediate, complete abstinence forever. Often, no provision is made for relapse, or understanding of the chronic and relapsing nature of the disease.*

Highlights of accomplishments during Fiscal Year 2000-01 include:

Substance Abuse Prevention and Treatment (SAPT) Block Grant. Secured $6,810,019 of SAPT Block Grant funds administered by the U.S. Department of Health and Human Services,

Substance Abuse and Mental Health Services Administration for Federal Fiscal Year 1999 (i.e., State Fiscal Year 2000) to plan, implement and evaluate activities to prevent and treat substance abuse.

State Incentive Grant (SIG) For Substance Abuse Prevention. The Governor's Office was awarded an $8.4 million grant by the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) over a three-year period to go toward substance abuse prevention. Grant activities will strengthen efforts to reduce illegal drug and alcohol use among youth and will also help the state develop a coordinated strategy for tracking performance and results of programs.

Through contracted substance abuse prevention and treatment services:

Provided treatment to 3,031 adults statewide with substance abuse problems through residential, outpatient, day treatment and therapeutic living modalities.

Provided treatment to 1,611 adolescents statewide with substance abuse problems through residential, outpatient and school-based modalities.

Provided prevention services that served 91,676 (duplicated) persons statewide in programs.

Provision of contracted or sponsored training. Conducted a training program that accommodated staff development opportunities for health care, human service, education, criminal justice and substance abuse treatment professionals through training sessions, courses and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults.

Program and fiscal monitoring. Reviewed monthly, quarterly and year-end program and fiscal reports to ensure compliance with contract requirements. Conducted program monitoring site visits of treatment and prevention service provider agencies' operations. Through on-site and desk reviews of fiscal operations, monitored treatment and prevention service provider agencies to ensure accountability.

Certification of Professionals and Accreditation of Programs. Processed 496 applications, administered 114 written and 104 oral exams and certified 54 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 430.

Gained approval (on May 24, 2001) for Hawaii Administrative Rules (HAR) §11-177.1, relating to Certification Standards for Substance Abuse Counselors and Program Administrators, to be consistent with national standards. Changes include adding categories for licensed physicians, psychologists, clinical social workers and advanced practice registered nurses.

Conducted a total of 27 accreditation reviews and accredited 17 organizations, some of which have multiple (residential and outpatient) accreditable programs.

Prevention Information System. Continued implementation of the minimum data set for substance abuse prevention services, enabling prevention service providers to uniformly document activities

according to the six Center for Substance Abuse Prevention (CSAP) strategies: community mobilization, information dissemination, prevention education, alternatives, problem identification and referral, and environmental.

Policy development and legislation. Prepared informational briefs and testimonies on legislation addressing substance abuse related policies in public health, human services, education, employment, housing and criminal justice systems.

TABLE OF CONTENTS

ALCOHOL AND DRUG ABUSE DIVISION

The Alcohol and Drug Abuse Division (ADAD) is the primary and often sole source of public funds for substance abuse treatment. ADAD's treatment efforts are designed to promote a statewide culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. Treatment services have, as a requirement, priority admission for pregnant women and injection drug users.

ALCOHOL AND DRUG ABUSE DIVISION

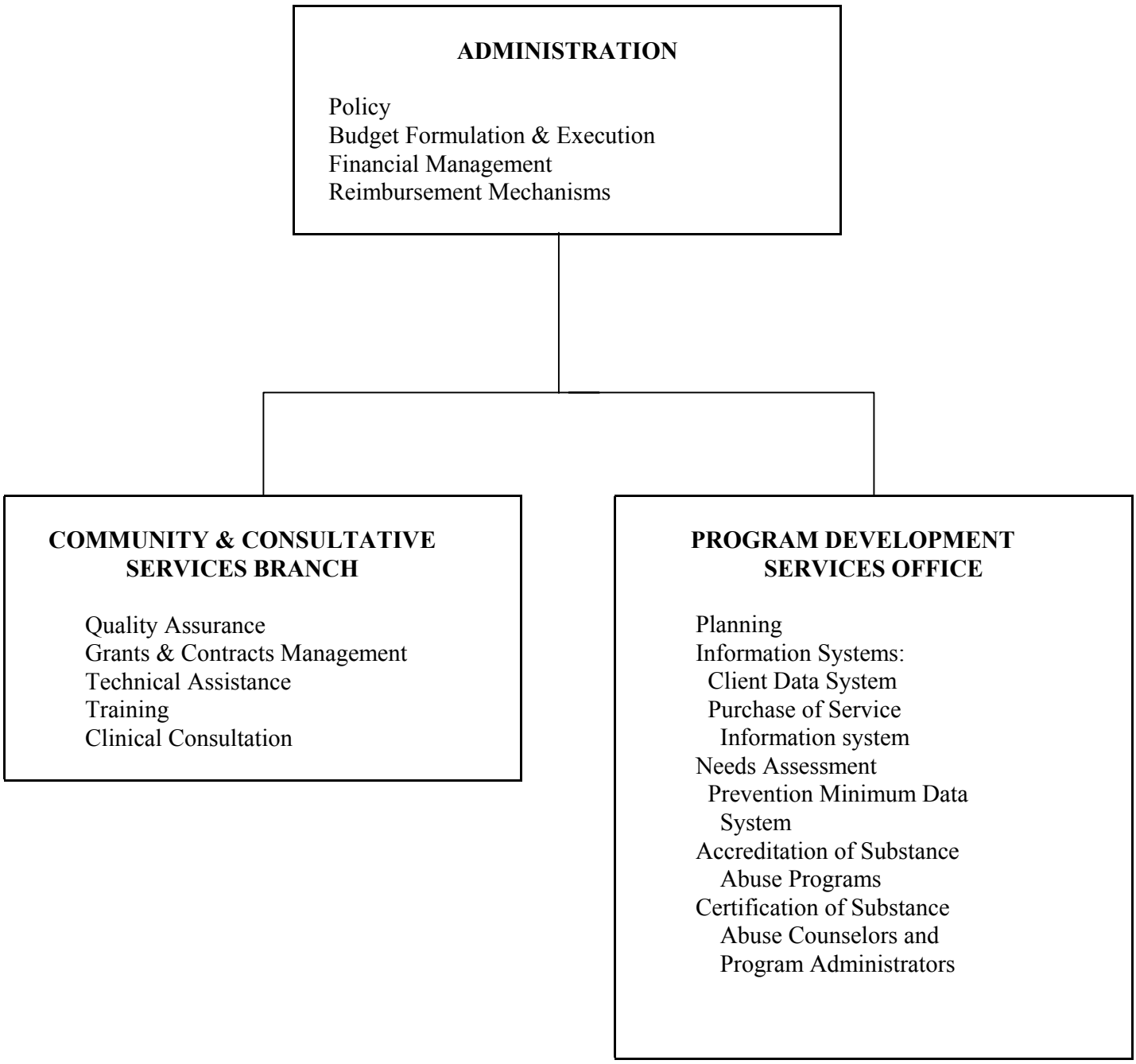
MISSION: ***To provide the leadership necessary for the development and delivery of quality substance abuse prevention, intervention and treatment services for the residents of the State of Hawaii.***

The State of Hawaii, Department of Health's (DOH) interest in programs and services to alcohol abusers dates back to 1955, when a part-time clinic was established and supported by 10 percent of the liquor license fees collected on Oahu. It became a full-time clinic in 1959 and, in 1965, was transferred to the Mental Health Division. In 1971, the Governor created and authorized the Governor's Ad Hoc Committee on Substance Abuse which became the Hawaii Advisory Commission on Drug Abuse and Controlled Substances (HACDACS) authorized by Chapter 329, Hawaii Revised Statutes. The State Substance Abuse Agency was attached to the Office of the Governor until 1975 when its functions were transferred to the DOH. The Alcohol and Drug Abuse Branch (ADAB) was formally organized within the Mental Health Division in 1976. ADAB incorporated the former alcoholism clinic and the substance abuse agency.

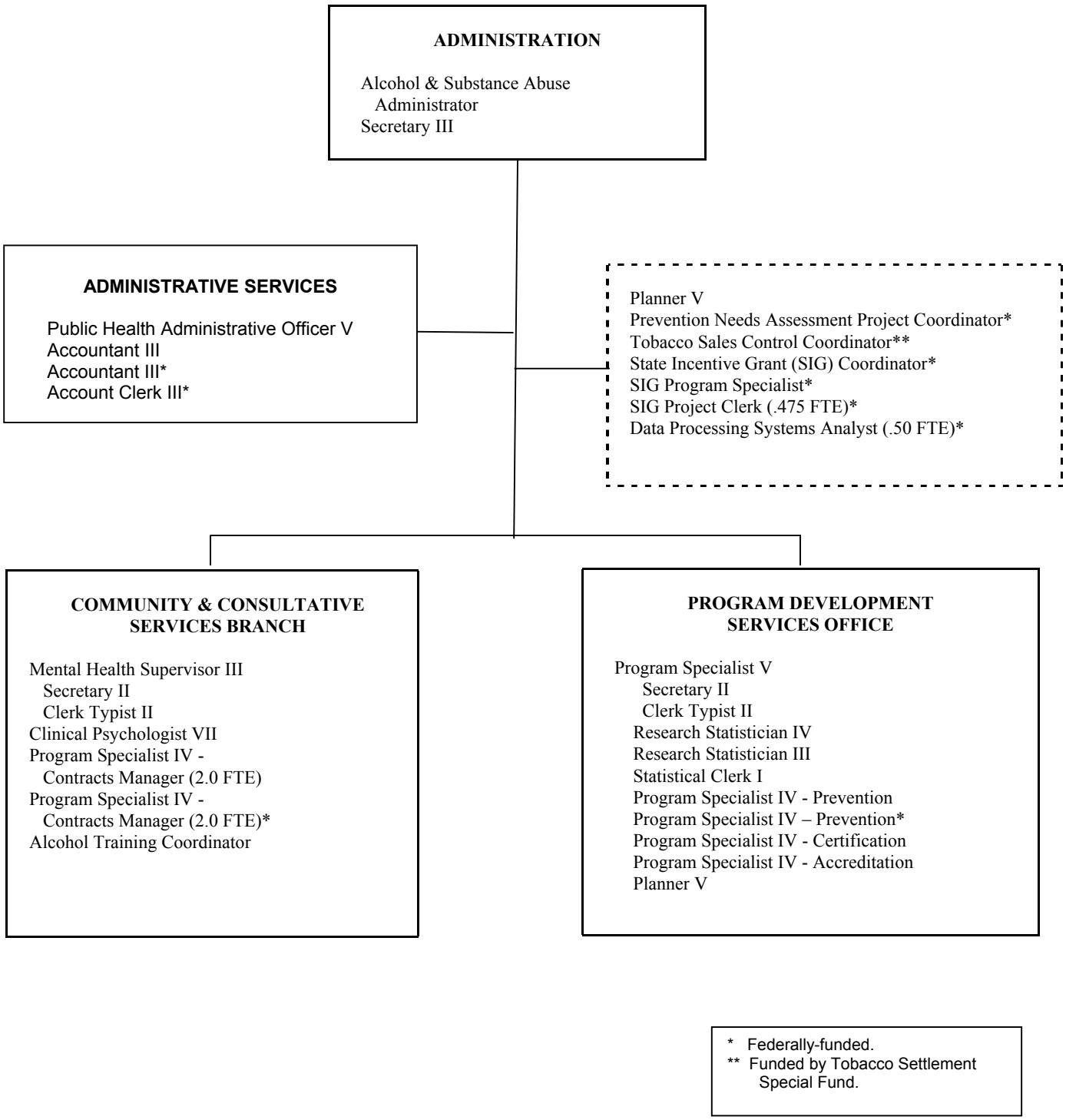
As part of a departmental reorganization in 1989, three divisions were established and assigned to a newly-established administration headed by the Deputy Director for Behavioral Health Services. The three divisions, two of which were formerly branches subsumed within the Mental Health Division, are now the Adult Mental Health Division, the Alcohol and Drug Abuse Division and the Child and Adolescent Mental Health Division.

The responsibilities of the DOH with respect to substance abuse are delineated under Section 321-193, Hawaii Revised Statutes.

ALCOHOL AND DRUG ABUSE DIVISION



ALCOHOL AND DRUG ABUSE DIVISION



ALCOHOL AND DRUG ABUSE DIVISION

ADAD's primary functions include:

The Alcohol and Drug Abuse Division (ADAD) plans, coordinates, provides technical assistance, and establishes mechanisms for training, data collection, research and evaluation to ensure that statewide substance abuse resources are utilized in the most effective and efficient manner possible.

GRANTS AND CONTRACTS MANAGEMENT

CLINICAL CONSULTATION

QUALITY ASSURANCE:

- **TRAINING**
- **ACCREDITATION OF SUBSTANCE ABUSE TREATMENT PROGRAMS**
- **CERTIFICATION OF SUBSTANCE ABUSE COUNSELORS AND PROGRAM ADMINISTRATORS**
- **PREVENTION ACTIVITIES**

POLICY DEVELOPMENT

PLANNING

COORDINATION

INFORMATION SYSTEMS:

- **TREATMENT CLIENT DATA SYSTEM**
- **PREVENTION MINIMUM DATA SET**
- **NEEDS ASSESSMENTS FOR SUBSTANCE ABUSE PREVENTION AND TREATMENT SERVICES**

HIGHLIGHTS OF ACCOMPLISHMENTS AND ACTIVITIES

July 1, 2000 to June 30, 2001

Federal Grants and Contracts

Substance Abuse Prevention and Treatment (SAPT) Block Grant. Secured $6,810,019 of SAPT Block Grant funds administered by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration for Federal Fiscal Year 1999 (i.e., State Fiscal Year 2000) to plan, implement and evaluate activities to prevent and treat substance abuse.

State Incentive Grant (SIG) For Substance Abuse Prevention. The Governor's Office was awarded an $8.4 million grant by the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) over a three-year period to go toward substance abuse prevention. Grant activities will strengthen efforts to reduce illegal drug and alcohol use among youth and will also help the state develop a coordinated strategy for tracking performance and results of programs. About 85% of the funds will go directly to community-based prevention programs through funding of approximately 18 local community partnerships to help our youth avoid the dangers of drug and alcohol abuse. Community Prevention Partnerships made up of social service agencies, schools, religious, and civic organizations may receive up to $150,000 per year for three years to implement substance abuse prevention programs for youth in response to local needs.

Studies and Surveys

Underage Alcohol Sales Survey. The "Underage Alcohol Sales Survey" was conducted for the Alcohol and Drug Abuse Division by the Cancer Research Center of Hawaii, University of Hawaii. The Honolulu Liquor Commission and the Honolulu Police Department also cooperated in the study that was carried out in March and April 2001. Results of the survey – a series of unannounced inspections of retail outlets and related enforcement activities – reveals Hawaii's noncompliance rate for alcohol sales to minors on Oahu in Fiscal Year 2001 was 19.2%; about half of what it was in FY 2000 (39.3%). Over 80% of Oahu retail stores do not sell to minors.

Survey of Stores Selling Tobacco to Minors. Through a joint program with the University of Hawaii's Cancer Research Center of Hawaii, the Alcohol and Drug Abuse Division (ADAD) completed its sixth annual survey, which monitors the State's compliance with the Synar Regulation of the federal Public Health Service Act of 1993. According to the survey, tobacco sales to minors have risen slightly compared to last year. During the past five years, rates have dropped from 44% to the lowest rate of 7% last year. The sale of tobacco to minors has been reduced, however, this year's small rise indicates that more could be done in educating store clerks.

Survey of Substance Use Among Hawaii's Youth. In the Spring of 2000, the State of Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD), and the University of Hawaii Speech Department collaborated in a study designed to assess prevalence and trends in substance use, treatment needs, and risk and protective factors that predict substance use and abuse among Hawaii public and private school students statewide. The survey, which was funded with federal funds from the

Center for Substance Abuse Prevention, was conducted among sixth, eighth, tenth, and twelfth graders in 198 public and 39 private schools in Hawaii. The study indicates that substance abuse rates among Hawaii's youth are decreasing. The study also identifies community factors that can be targeted to help prevent youth substance abuse.

Adult Household Telephone Survey. A study conducted by the Hawaii Department of Health (DOH) and the University of Hawaii shows substance abuse continues to be a significant problem affecting Hawaii's adults. The most alarming finding of the 1998 study is the increase in statewide adult treatment needs for alcohol and/or drugs. The DOH contracted with the former School of Public Health, University of Hawaii at Manoa, to conduct a household survey of substance abuse and treatment needs among adult residents in Hawaii. The overall objectives of the study were to: (1) estimate the prevalence of alcohol and other drug use among adult residents of Hawaii; (2) determine the patterns of alcohol and drug use; (3) generate prevalence estimates for substance use in terms of social and demographic characteristics of the adult population; (4) project treatment needs and demands by counties; and (5) collect data for resource allocation. The survey of 5,050 adults was funded by the federal Center for Substance Abuse Treatment.

Provision of Contracted Substance Abuse Prevention and Treatment Services

Substance Abuse Prevention Services. The Alcohol and Drug Abuse Division adopted a risk and protective factor framework (Hawkins, Catalano, & Miller, 1992) for its substance abuse prevention efforts. ADAD contracted with community-based organizations for substance abuse prevention services that focused on the reduction of risk factors and/or the enhancement of protective factors for the individual, the family, the school, and/or the community.

With contracts beginning July 1, 2000, ADAD began the implementation of research-based best practices and culturally-appropriate programming. *The SMART Moves* and *Years* curricula and *Strengthening Hawaii Families*, which are recognized as best-practices by the Center for Substance Abuse Prevention, were implemented. The Native Hawaiian culturally-based *E Ola Pono* curriculum, which was developed by the Kamehameha Schools Safe and Drug Free Schools and Communities Program, was utilized in communities receiving SAPT Block Grant Native Hawaiian set-aside funding. Programs implementing the *SMART Moves* and *E Ola Pono* curricula were required to conduct enrichment activities that reinforced lesson themes. The *Parenting for the Drug Free Years* curriculum was used as the basis for six-session parenting groups conducted statewide by the Department of Education in conjunction with its Parent Community Network Center coordinators.

Other contracted services included:

> The Hawaii Mentoring Initiative, a statewide effort to establish guidelines for effective mentoring programs, to create a public awareness of mentoring as a protective factor for youth, and to expand the number of mentors by eliciting businesses and other sponsors to support mentoring by encouraging their members to become mentors.
>
> An expansion of mentoring to Native Hawaiian students in Waimanalo with mentors accessible to students in their classrooms throughout the school day. Three hundred fourteen (314) students reported receiving contact with 1-2 mentors; 163 reported receiving tutorial help from a mentor; and 288 reporting receiving assistance in resolving a problem or conflict.

A statewide substance abuse Prevention Resource Center and newsletter for the general public. The center is part of a nationwide network of prevention resource centers (RADAR) that are linked to the National Clearinghouse for Alcohol and Drug Information of the federal Center for Substance Abuse Prevention. Over 20,700 persons statewide received the latest prevention information and materials from the center. Over 505 readers received the resource center's newsletter, and 16 prevention providers received technical assistance.

An agriculturally-based prevention program incorporating several curriculum modules and hands-on horticulture, woodworking, beekeeping, and animal care experiences that build resiliency and focus on caring for oneself and the environment. The program served 653 students and their teachers and families.

A gender-specific substance abuse prevention curriculum for middle school girls conducted within the school setting. The curriculum was enhanced by parent-daughter activities and a club to help the girls make a smooth transition to high school. Thirty girls (30) completed the class, 79 participated in club activities, 44 were involved in the transition program, 16 girls and their families viewed and discussed a presentation of the "Roll of the Dice" video, and 59 family members participated in activities with the girls.

A medication management program for senior citizens on Maui and individuals living in senior living facilities on Oahu. The program enlisted volunteer pharmacists to assess the manner in which seniors utilized their medications, the individual's use of alcohol and tobacco, and the need for any additional services. Caretakers on Oahu were also provided with training. Pharmacists provided one-on-one consultations with 483 seniors on Maui and 151 seniors on Oahu.

Youth leadership advocating safe and alcohol-free activities and lifestyle statewide. Three adult advocates and 18 youth completed the program. Forty-four youth (44) attended leadership training. Thirty-eight youth (38) drafted testimony and practiced presenting testimonies. Two hundred ten (210) parents and youth viewing and discussing the "Roll of the Dice" presentations completed post-presentation surveys.

ADAD collaborated with a number of substance abuse prevention-related committees, task forces, advisory groups and work groups comprised of public and private agencies. Among these groups were the Interdepartmental Council, Hawaii Substance Abuse Prevention Advisory Council (HSAPAC) and HSAPAC subcommittees which provided oversight and collaboration for the State Incentive Grant. ADAD also collaborated with the Office of Youth Services in the development of its prevention RFPs and in sponsoring outcome training for contracted providers. ADAD's National Prevention Network representative attended national conferences and conferred with representatives from other states on the implementation of new federal outcomes requirements, the building of state and national prevention infrastructures, and workforce development. The NPN plays a critical role in keeping states abreast of the prevention field throughout the states. ADAD's NPN representative also worked with the Western Center for the Advancement of Prevention Technology (WestCAPT) to develop and schedule trainings for prevention providers and to inform SIG community partnerships about the availability of web-based tools for assessing community prevention readiness and identifying strengths and service gaps. Project PAU (an interagency underage drinking advisory group), HINET (a coalition of agencies receiving

federal substance abuse prevention funds), Interagency School Health Advisory Committee, Injury Prevention Task Force, and Impaired Driving Task Force were other groups with which ADAD collaborated. Activities included the formulation of plans, identification and assessment of available services, coordinating funding and provision of services, mobilization of resources, implementation of special events and trainings, and the development of legislative proposals.

Substance Abuse Treatment Services. Provided treatment to 3,031 adults statewide with substance abuse problems through residential, outpatient, day treatment and therapeutic living modalities. Targeted populations included pregnant and parenting women and their children, injection drug users, dually diagnosed (mental illness and substance abuse), the homeless, and native Hawaiians. Specialized services included methadone maintenance, social detoxification, interim services for pregnant women and injection drug users, and early intervention services for HIV disease.

Provided treatment to 1,611 adolescents statewide with substance abuse problems through residential, outpatient and school-based modalities. Targeted populations included pregnant and parenting adolescents and their infants and native Hawaiians.

Provided self-run group homes for recovering substance abusers that consisted of 13 houses for men with a total of 113 beds, and 4 houses for women with a total of 40 beds as of June 30, 2001.

Provision of Contracted or Sponsored Training

Conducted a training program that accommodated staff development opportunities for 583 (duplicated) health care, human service, education, criminal justice and substance abuse treatment professionals through 15 training sessions, courses and workshops in topics relating to substance abuse prevention and treatment for adolescents and adults.

Provided a 24 contact hours course to 65 substance abuse treatment providers on Oahu and Hawaii (Hilo) in "Group Counseling for the Resistant Client." Participants gained knowledge and skills in group counseling techniques, problem solving and decision-making to address the needs of the subpopulations that substance abuse treatment staff serve.

Provided a 6 contact hours course to 90 substance abuse treatment providers on Oahu in federal "Confidentiality Issues in the Fields of Substance Abuse Treatment and Child Welfare." Participants gained knowledge in confidentiality issues covered by 42 CFR Part 2.

Provided a 3 contact hours course to 50 participants who attended a workshop co-sponsored with the Mental Health Association in Hawaii. The informational workshop entitled "Partners for Parity: A community Leaders' Forum" focused on the importance of providing equal insurance coverage for mental illness and substance abuse treatment.

Provided a 12 contact hours course to 37 scholarship awardees for a workshop co-sponsored with the Pacific Institute for Chemical Dependency. Attendees were substance abuse treatment providers who attended the institute entitled "Helping Families Heal." Participants gained knowledge and skills in the use of cultural storytelling as a part of Systemic Family Therapy,

Note: **Credits** are applicable to academic credentials; **contact hours** are creditable for satisfying continuing education requirements for certification.

perceptual approaches to learning across cultures and the use of rituals and ceremonies in addiction recovery.

Provided a 6 contact hours course to 20 substance abuse treatment and prevention providers on the island of Hawaii (Hilo) who attended a workshop entitled "Preventing Sexually Transmitted Infections (STI) Among Substance Abusers." Participants gained knowledge and client risk assessment skills to be utilized when working with high-risk populations whose behavior make them susceptible to sexually transmitted infections.

Provided a 6 contact hours course to 50 substance abuse treatment and prevention providers on Oahu who attended a workshop entitled "Preventing Sexually Transmitted Infections (STI) Among Substance Abusers." Participants gained knowledge and client risk assessment skills to be utilized when working with high-risk populations who are susceptible to sexually transmitted infections.

Provided a 12 contact hours course to 20 ADAD staff and substance abuse treatment providers who attended a two-day workshop entitled "Staff Training and Development: A Model for Administrators, Clinical Supervisors and Counselors." Participants gained knowledge and skills in tools for identifying and addressing the training needs of paraprofessionals and professionals, tools for minimum competency training of paraprofessionals and professionals and revision of tools to fit individual substance abuse treatment organizations' staff training needs.

Provided 3 contact hours course to 80 substance abuse treatment and prevention providers who attended a workshop on the topic of "The Brain and Addiction: Scientific Advances." The participants gained knowledge in the current nationwide epidemic use of crystal methamphetamine and the increased use by youth of "Club Drugs." Participants also discussed who is using these substances, the consequences of use, as well as what is both known and not known about the use of these dangerous substances.

Provided a 6½ contact hours course to 20 scholarship recipients from the fields of substance abuse treatment and prevention who attended a one-day workshop entitled "Seeing Through the Smoke." The event was co-sponsored by ADAD and the Tobacco Education and Prevention Program of the Department of Health. Participants gained knowledge in the science of addiction and nicotine use with implications for treatment and prevention, the impact of second-hand smoke, recognition of the tobacco industry's marketing tactics which targets specific cultural and ethnic groups in Hawaii, strategies to counteract the tobacco industry's influence and ways youth can be involved in tobacco prevention and control efforts.

Provided a 6 contact hours course to 20 substance abuse treatment and prevention providers on the island of Kauai who attended a workshop entitled "Preventing Sexually Transmitted Infections (STI) Among Substance Abusers." Participants gained knowledge and client risk assessment skills to be utilized when working with high-risk populations whose behavior make them susceptible to sexually transmitted infections.

Provided a 6 contact hours course to 15 substance abuse treatment and prevention providers on the Island of Maui who attended a workshop entitled "Preventing Sexually Transmitted

Infections (STI) Among Substance Abusers." Participants gained knowledge and client risk assessment skills to be utilized when working with high-risk populations whose behavior makes them susceptible to sexually transmitted infections.

Provided a 6 credit hours course to 5 substance abuse treatment and prevention providers on the island of Hawaii (Kailua-Kona). Participants attended a "Preventing Sexually Transmitted Infections (STI) Among Substance Abusers" workshop which covered client risk assessment skills to be utilized when working with high-risk populations whose behavior make them susceptible to sexually transmitted infections.

Provided a 18 contact hours course to 21 ADAD-sponsored scholarship recipients from the field of substance abuse treatment. Participants attended a three-day Generational Cycles of Abuse conference co-sponsored by ADAD and the March of Dimes covered epidemiological patterns of alcohol, tobacco, substance use and violence among women and children; recognition of the early signs of substance use and violence; understanding and comprehension of interventions for pregnant women and children who are caught within the generational cycle of abuse; and the immediate and long term medical, social and educational effects of prenatally exposed infants and children.

Provided scholarships to 70 statewide substance abuse treatment providers for attendance at a three-day conference on Maui addressing the issues of "Substance Abuse: Alternatives for Rural Communities." (No contact hours were issued.) The Hawaii Rural Health Association addressed issues that affect the health of rural communities including substance abuse. One of the areas of emphasis was the introduction of successful substance abuse interventions that integrate culture and tradition.

Provided 20 State employees on Oahu with a workshop entitled "Starting a Dependency Drug Court in Hawaii." The workshop examined the issues, challenges and processes related to establishing a dependency drug court for parenting with child protective issues. (No contact hours were issued.)

Programmatic and Fiscal Monitoring and Request for Proposal (RFP) Process

Approximately $12.6 million in State General Funds and federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds are expended under 54 contracts with 34 nonprofit organizations annually.

Through desk audits of contractors' billings, review of audit reports and on-site monitoring, the expenditure of funds for the purpose(s) intended requires knowledge and application of SAPT Block Grant restrictions, State General Fund expenditure guidelines and statutory provisions regarding grants, subsidies and purchases of service, as well as provisions for "Confidentiality of Alcohol and Drug Abuse Patient Records" delineated in 42 CFR Part 2.

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Provided technical assistance and monitored treatment and prevention agencies statewide which included on-site reviews of the fiscal operations of 28 organizations, and reviews of audit reports from 28 agencies to ensure fiscal accountability based on the Departmental Fiscal Monitoring Manual.

Conducted on-site reviews of the programmatic operations of 33 treatment and prevention agencies statewide and reviewed their monthly, quarterly and year-end reports to ensure compliance with contract requirements for the delivery of services.

Participated in meetings of the State Procurement Office Purchase of Service Team (POST) to standardize RFP requirements, instructions and forms for purchase of service contracts. ADAD staff co-chaired the fiscal subcommittee and chaired the program subcommittee.

Implemented the revised program monitoring protocol to address contract requirements and reduce overlap with the program review protocol for accreditation inspections.

Through a peer review committee, provided for the conduct of three independent peer reviews of three substance abuse treatment facilities to assess service quality, appropriateness and efficacy, pursuant to federal requirements.

Certification of Professionals and Accreditation of Programs

Processed 496 applications, administered 114 written and 104 oral exams and certified 54 applicants as substance abuse counselors, bringing the total number of certified substance abuse counselors to 430.

Gained approval (on May 24, 2001) for Hawaii Administrative Rules (HAR) §11-177.1, relating to Certification Standards for Substance Abuse Counselors and Program Administrators, to be consistent with national standards. Changes include adding categories for licensed physicians, psychologists, clinical social workers and advanced practice registered nurses.

Conducted a total of 27 accreditation reviews and accredited 17 organizations, some of which have multiple (residential and outpatient) accreditable programs.

Continued drafting administrative rules for the accreditation of substance abuse programs, in consultation with accredited substance abuse treatment programs, treatment professionals and consumer groups.

Drafted administrative rules for community residential treatment facilities and therapeutic living programs in collaboration with the Adult Mental Health Division, Child and Adolescent Mental Health Division, Developmental Disability Division and the Office of Health Care Assurance.

Prevention Information System

ADAD has continued use of the Minimum Data Set (MDS) to collect demographic and process information from its contracted service providers. The data has been used, in conjunction with quarterly and year-end reports and on-site monitoring, to measure compliance with contracts and to fulfill reporting requirements. ADAD investigated information systems that have been successfully used by

other states to collect outcome measures, and selected a system that incorporates the current MDS data for possible future implementation in Hawaii.

Policy Development and Legislation

During the 2001 Legislative Session, bills addressing substance abuse related issues in public health, human services, education, employment, housing and criminal justice included:

ACT 111. Substance Abuse Treatment Insurance Benefits. Extends eligibility for reimbursement for substance abuse treatment services for licensed physicians, psychologists, advanced practice registered nurses and clinical social workers based on: a practitioner's credentials (including but not limited to professional education, clinical training, licensure, board or other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions); or certification pursuant to Chapter 321, Hawaii Revised Statutes. The Act removes the Department of Health from setting credentialing standards for professionals seeking third party reimbursement for substance abuse treatment services. Consistent with reimbursement to practitioners in other fields, payors will determine whether a provider's qualifications and scope of practice are sufficient for the provider to be reimbursed for services. The need for professionals with specialized training to treat substance abuse is recognized. This amendment could increase the number of licensed professionals who are eligible to be reimbursed for substance abuse treatment services, thus increasing the availability and accessibility of services, particularly in areas where there are few certified practitioners.

ACT 229. Social Work. Amends provision relating to social workers. Establishes that communications between registered clinical social workers and their clients shall be treated in the same manner as provided under the Hawaii rules of evidence for psychologists client privilege. Amends the definition of the practice of social work by including clinical diagnosis or psychotherapy, or both if the practitioner is a licensed social worker registered with the department of commerce and consumer affairs. Prohibits any person from performing clinical diagnosis or psychotherapy unless the person is a licensed social worker and registered as clinical social worker. Act to be repealed on January 1, 2003.

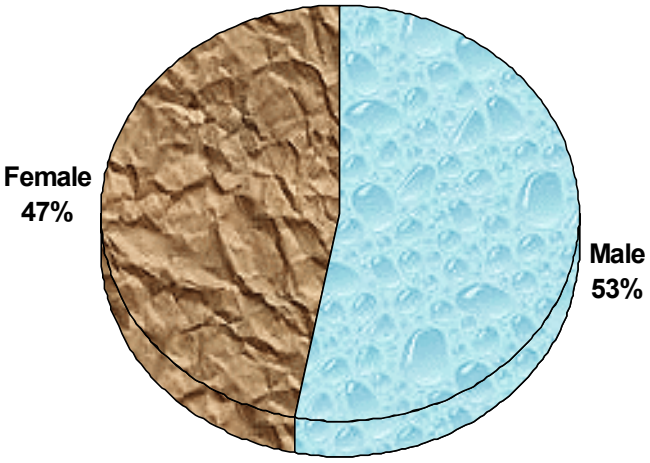
ACT 116. Drug Demand Reduction Assessments. Deletes the "sunset clause" for the Drug Demand Reduction Assessments special fund by amending Act 205, SLH 1995, as amended by Act 7, SLH 1996, and Act 152, SLH 1998.

ACT 151. Relating to Criminal History. Continues the authorization granted to the DOH to obtain criminal history record information of persons who are seeking employment with the Child and Adolescent Mental Health Division, its providers or subcontractors in positions that place them in direct contact with clients.

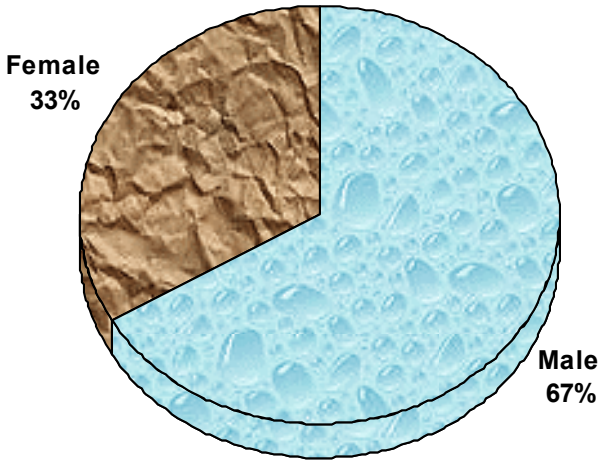
ACT 259. State Budget. Appropriates $2.192 million, to be expended by the Department of Health (DOH), Alcohol and Drug Abuse Division (ADAD), in each of the years in Fiscal Biennium 2001-03, to provide a continuum of substance abuse treatment and integrated case management services for the offender – supervised release, probation, furlough and parole – populations.

CLIENT DATA SYSTEM SUBSTANCE ABUSE TREATMENT ADMISSIONS FOR STATE FY 2001
ADAD-FUNDED ADMISSIONS BY GENDER

Adolescents

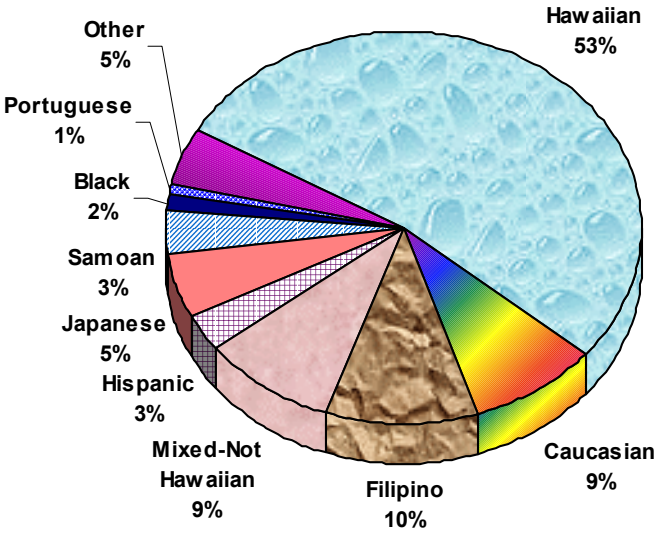


Adults

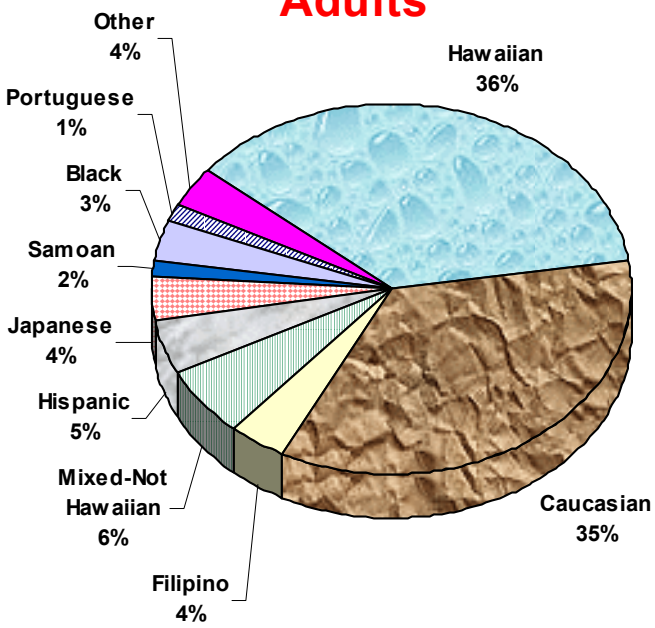


CLIENT DATA SYSTEM SUBSTANCE ABUSE TREATMENT
ADMISSIONS FOR STATE FY 2001
ADAD-FUNDED ADMISSIONS BY ETHNICITY

Adolescents

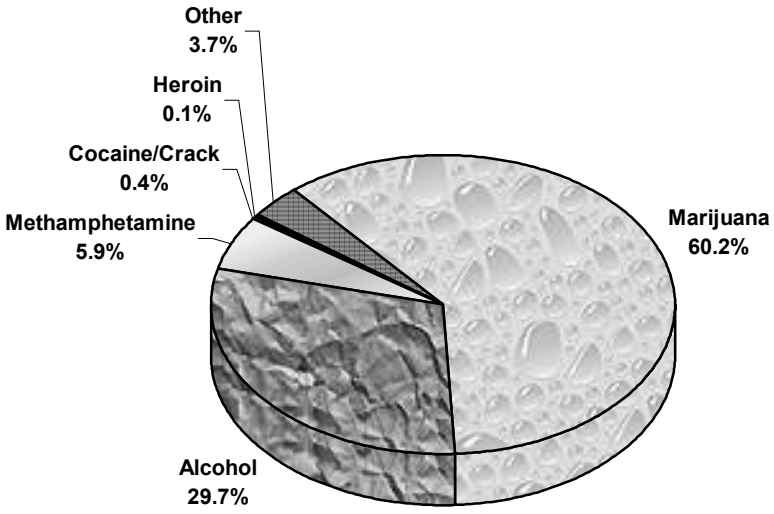


Adults

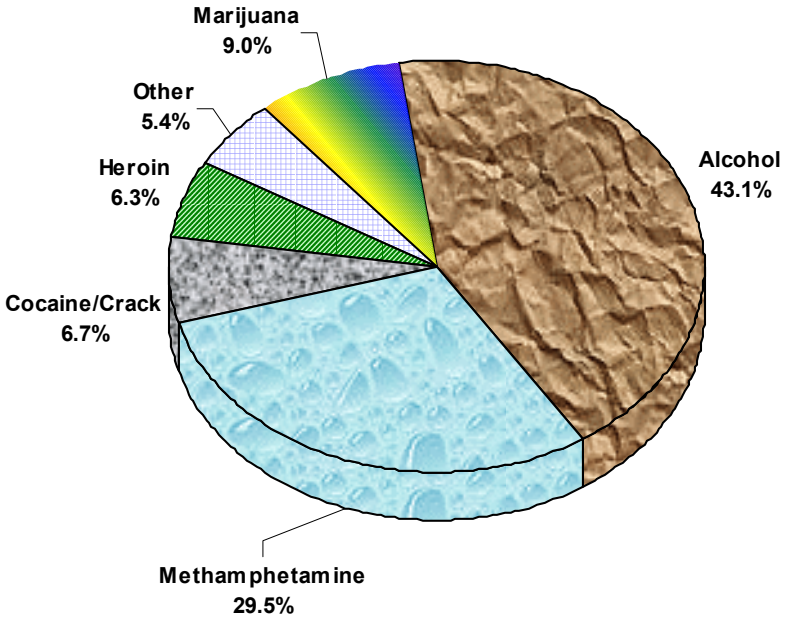


CLIENT DATA SYSTEM SUBSTANCE ABUSE TREATMENT ADMISSIONS FOR STATE FY 2001
ADAD-FUNDED ADMISSIONS BY PRIMARY SUBSTANCE

Adolescents

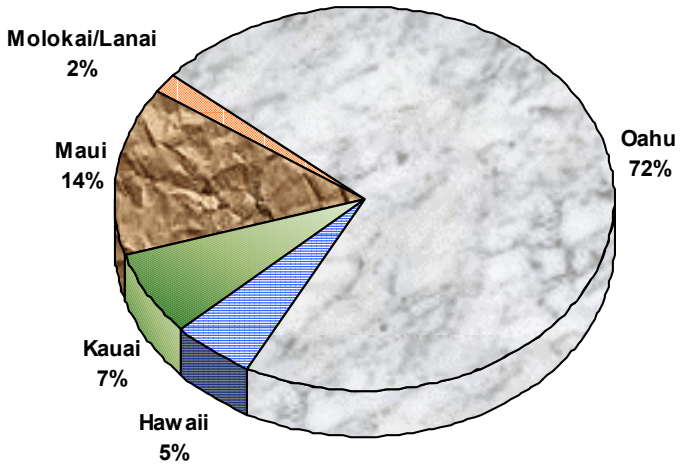


Adult

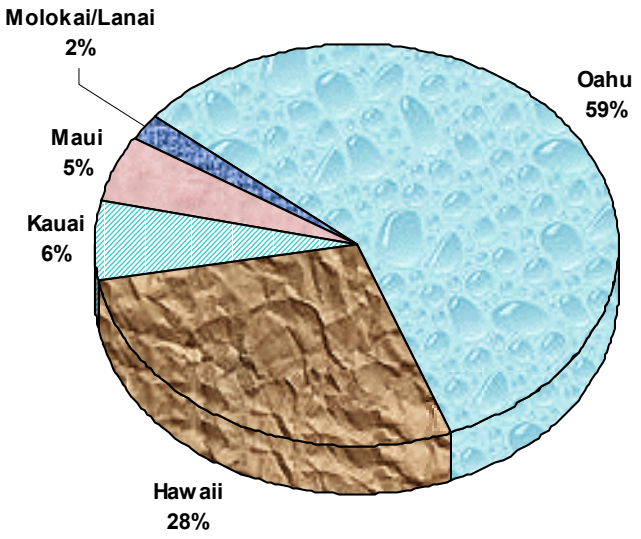


CLIENT DATA SYSTEM SUBSTANCE ABUSE TREATMENT
ADMISSIONS FOR STATE FY 2001
ADAD-FUNDED ADMISSIONS BY RESIDENCY

Adolescents



Adults



ADOLESCENT SUBSTANCE ABUSE TREATMENT PERFORMANCE OUTCOMES

During State Fiscal Year 2001, (July 1, 2000 to June 30, 2001), six-month follow-ups were completed for a sample of 746 adolescents. Listed below are the outcomes for this sample.

MEASURE	PERFORMANCE OUTCOME ACHIEVED SIX-MONTH
Employment/School/Vocational Training	95.3%
No arrests since discharge	84.9%
No substance use in 30 days prior to follow-up	50.4%
No new substance abuse treatment	77.6%
No hospitalizations	94.6%
No emergency room visits	93.0%
No psychological distress since discharge	79.9%
Stable living arrangements	92.5%

ADULT SUBSTANCE ABUSE TREATMENT PERFORMANCE OUTCOMES

During State Fiscal Year 2001, (July 1, 2000 to June 30, 2001), six-month follow-ups were completed for a sample of 1,350 adults. Listed below are the outcomes for this sample.

MEASURE	PERFORMANCE OUTCOME ACHIEVED SIX-MONTH
Employment/School/Vocational Training	50.7%
No arrests since discharge	84.0%
No substance use in 30 days prior to follow-up	70.8%
No new substance abuse treatment	74.4%
No hospitalizations	85.2%
No emergency room visits	83.0%
Participated in self-help group (NA, AA, etc.)	48.4%
No psychological distress since discharge	71.6%
Stable living arrangements	84.6%

ADDICTION

Addiction is a biopsychosocial disease, a distinct disorder requiring ongoing treatment and intervention, not only episodic or acute care. A person's addictive disorder cannot be addressed in isolation from addressing his or her biological, psychological or social needs.

The Diagnostic and Statistical Manual - IV (DSM-IV) describes addiction as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by three (or more) of the following, occurring at any time in the same 12-month period:

Substance is often taken in larger amounts or over longer period than intended.

Persistent desire or unsuccessful efforts to cut down or control substance use.

A great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain smoking), or recover from its effects.

Important social, occupational, or recreational activities given up or reduced because of substance abuse.

Continued substance use despite knowledge of having a persistent or recurrent psychological or physical problem that is caused or exacerbated by use of the substance.

Tolerance, as defined by either:

Need for markedly increased amounts of the substance in order to achieve intoxication or desired effect; or

Markedly diminished effect with continued use of the same amount.

Withdrawal, as manifested by either:

Characteristic withdrawal syndrome for the substance; or

The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

TRENDS AND ISSUES THAT IMPACT ALCOHOL AND DRUG PROBLEMS

Linkages with substance abuse prevention and treatment services in Federal, State and local level initiatives in health care, criminal justice and welfare reform reflect a growing awareness of the extent to which substance abuse impacts the individual, the family and the community.

Strengthening core services and enhancing the continuum of substance abuse services available throughout the State will improve the accessibility, quality and availability of services.

Socio-economic conditions that alter accustomed living patterns.

Shortage of trained substance abuse professionals and paraprofessionals.

Fiscal constraints at both the State and Federal levels.

Availability of drugs, including cocaine, marijuana, crystal methamphetamine and heroin.

Number of drug and alcohol exposed infants.

Risk of HIV, TB, Hepatitis B and Hepatitis C infection among substance abusing populations.

Increased focus on accountability and outcome objective monitoring and evaluation.

The Federal role and influence in setting substance abuse policy direction.

Shorter lengths of treatment duration with advent of managed care.

Increased prevalence of adolescent substance abuse.

Lack of "treatment on demand" for the public client.

Increased prevalence of substance abuse among the child welfare population.

Linkage between substance abuse treatment and components within the criminal justice system.

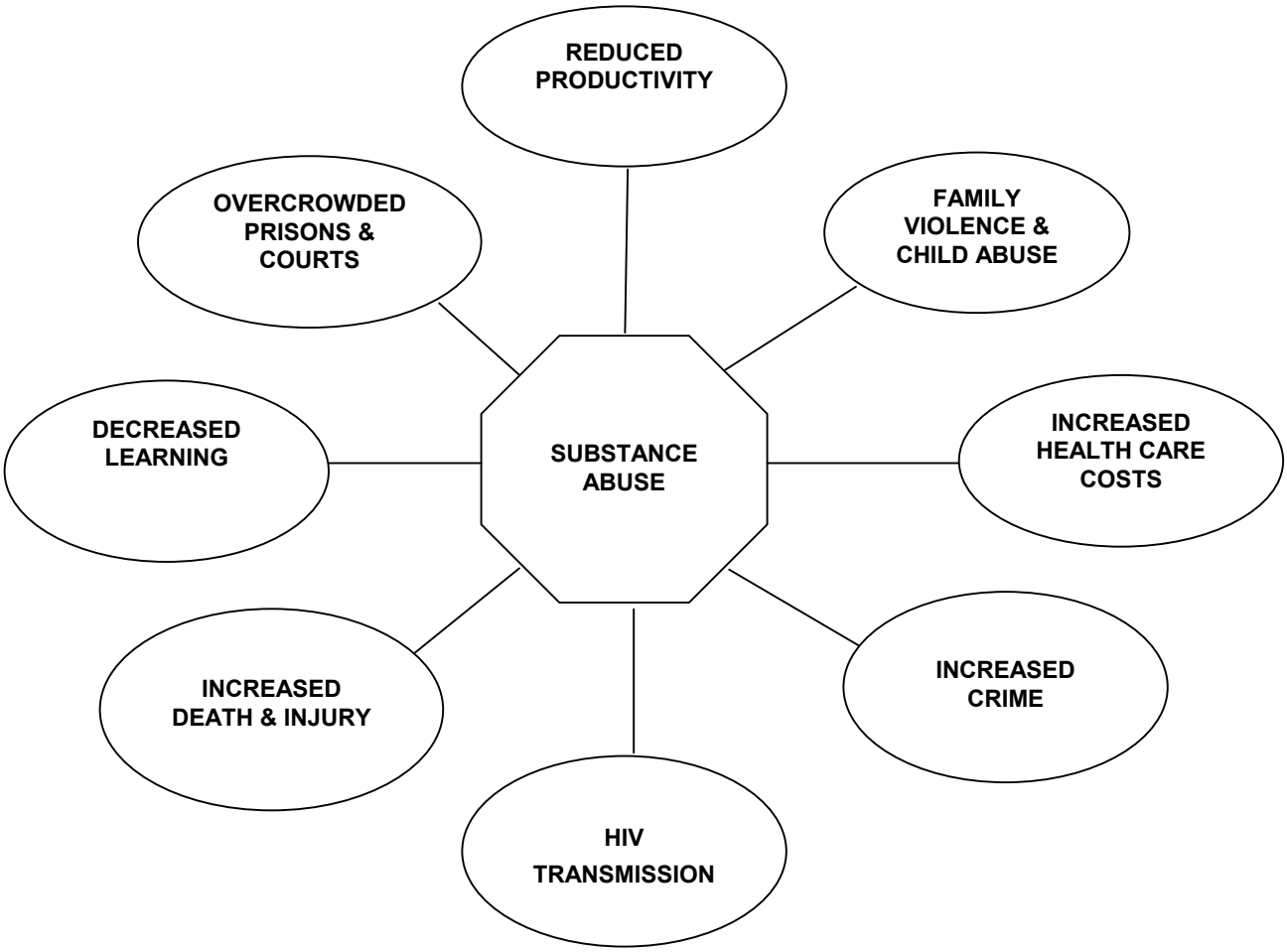
Multi-diagnosed clients.

Lack of sufficient residential treatment capacity for chronic public clients.

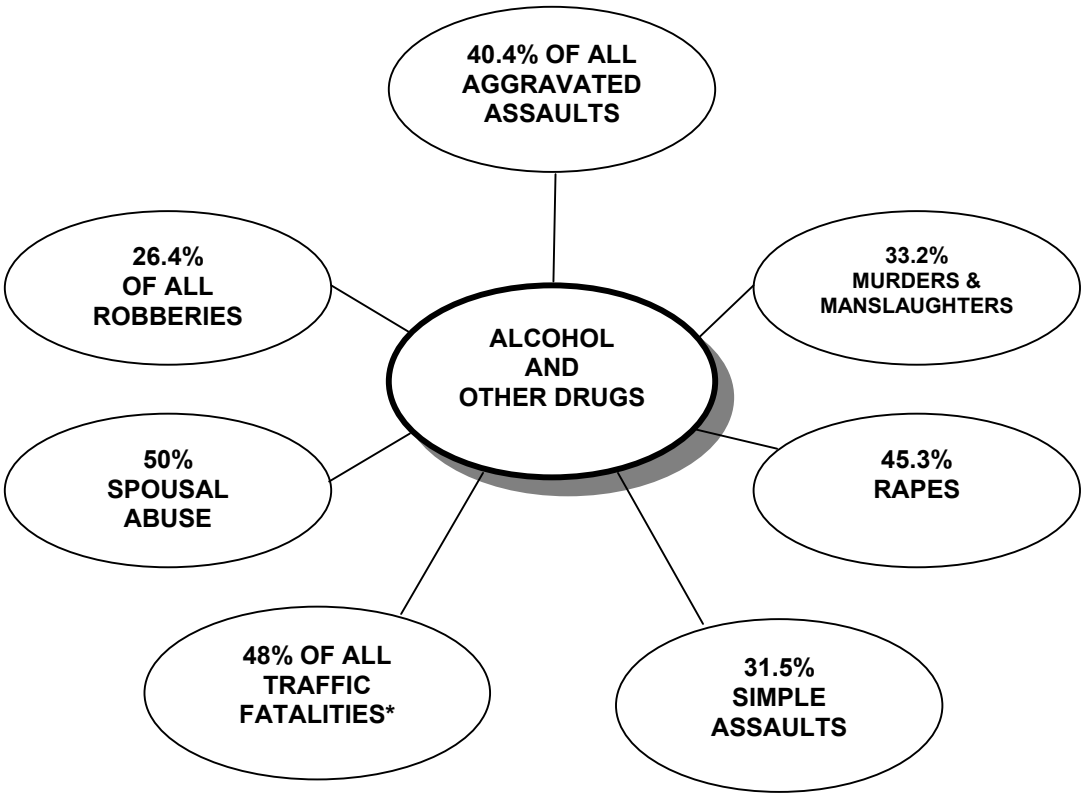
Uniqueness of public sector client needs.

Retention of alcohol and other drug abuse treatment and prevention as a basic health care benefit.

PEOPLE ARE AFFECTED BY
ALCOHOL AND OTHER DRUG ABUSE IN MANY WAYS



ALCOHOL AND OTHER DRUG USE CONTRIBUTES TO CRIMES AND ACCIDENTS



Source: Bureau of Justice Statistics, Drugs and Crime Facts, 1992.
*U.S. Department of Transportation.

1998 ESTIMATED NEED*
FOR ADULT ALCOHOL AND DRUG ABUSE
TREATMENT IN HAWAII

ESTIMATE OF DEPENDENCE AND ABUSE (NEEDING TREATMENT)					
	COUNTY				
	HONOLULU	MAUI	KAUAI	HAWAII	TOTAL
Population (18 Years and Over)	668,524	85,645	41,304	99,941	895,414
NEEDING TREATMENT					
Alcohol Only	49,285	7,496	2,463	9,682	68,926
Drugs Only	8,338	2,326	796	2,494	13,954
Alcohol and/or Drugs	57,623	9,822	3,259	12,176	82,880

Source: "Hawaii 1998 Adult Telephone Household Survey of Substance Use" prepared by the University of Hawaii at Manoa School of Public Health for the Department of Health - Alcohol and Drug Abuse Division. (Based on 1990 U.S. Census Data and 1998 estimates.)

Findings of the 1998 Adult Telephone Household Survey reveal that of the state's total 895,414 adult population over the age of 18, a total of 82,880 (9.3%) are in need of treatment for alcohol and/or other drugs. Comparable figures by county are as follows:

For the **City and County of Honolulu**, 57,623 (8.6%) of the total 668,524 adults on Oahu are in need of treatment for alcohol and/or other drugs. Of the 57,623 adults in need of treatment, 28,615 (49.7%) were males and 29,008 (50.3%) were females.

For **Maui County**, 9,822 (11.5%) of the 85,645 adults on Maui, Lanai and Molokai are in need of treatment for alcohol and/or other drugs. Of the total of 9,822 adults in need of treatment, 5,308 (54.0%) were males and 4,514 (46.0%) were females.

For **Kauai County**, 3,259 (7.9%) of the total 41,304 adults on Kauai are in need of treatment for alcohol and/or other drugs. Of the total 3,259 adults in need of treatment, 1,815 (55.7%) were males and 1,444 (44.3%) were females.

For **Hawaii County**, 12,176 (12.2%) of the total 99,941 adults on the Big Island are in need of treatment for alcohol and/or other drugs. Of the total 12,176 adults in need of treatment, 7,368 (60.5%) were males and 4,806 (39.5%) were females.

2000 ESTIMATED NEED*
FOR ADOLESCENT (GRADES 6-12)
ALCOHOL AND DRUG ABUSE TREATMENT
IN HAWAII

COUNTY/DISTRICT INFORMATION		Need Treatment for Alcohol Abuse		Need Treatment for Drug Abuse		Need Treatment for Both Alcohol and Drug Abuse		TOTAL TREATMENT NEEDS	
	Total N	%	n	%	n	%	n	%	n
HONOLULU	57,075	3.2	1,831	2.9	1,655	5.7	3,242	11.7	6,701
□ **Honolulu District**	16,300	3.1	499	2.3	371	4.5	739	9.9	1,606
□ **Central District**	15,452	3.2	491	2.4	377	5.5	853	11.1	1,716
□ **Leeward District**	16,711	3.0	493	3.3	551	4.7	791	10.9	1,823
□ **Windward District**	8,612	4.0	348	4.1	356	10.0	859	18.1	1,556
Hawaii County/District	13,799	5.5	758	3.5	481	11.4	1,575	20.3	2,808
Kauai County/District	5,089	4.5	230	3.7	189	8.1	413	16.3	832
Maui County/District	10,836	3.6	395	4.9	535	8.1	876	16.6	1,804
All Public Schools	86,799	3.7	3,214	3.3	2,860	7.0	6,106	14.0	12,145
Private Schools	18,812	3.5	665	2.0	379	5.3	988	10.8	2,030
TOTAL STATEWIDE	105,611	3.7	3,879	3.1	3,239	6.7	7,094	13.4	14,175

*Notes: A substance abuse/dependency diagnosis is calculated based on the student's response to items that correspond with the DSM-III-R criteria which assess a variety of negative consequences related to substance use. Students responded to abuse and dependency questions for each of the following substances: alcohol, marijuana, stimulants (cocaine, methamphetamine, speed), depressants or downers (sedatives, heroin), and hallucinogens.

Substance abuse is indicated by at least one of the following:

- Continued use of the substance despite knowledge of having a persistent or recurrent problem(s) at school, home, work or with friends because of the substance (e.g., lower grades, fight with parents/friends, get in trouble at work, have problems concentrating, or physical problems), or
- Substance use in situations in which use is physically hazardous (e.g., drinking or using drugs when involved in activities that could have increased the students chance of getting hurt – for instance, using a knife, climbing, swimming, or driving a vehicle).

For the student to be classified as abusing a substance, at least one of the two abuse symptoms must have occurred more than once in a single month or several times within the last year. In addition, the student must *not* meet the criteria for dependency on that substance.

Substance dependency is the most severe diagnosis. Substance dependency is indicated by the student's response to nine different diagnostic criteria for dependency (e.g., marked tolerance, withdrawal symptoms, use of substances to relieve/avoid withdrawal symptoms, persistent desire or effort to stop use, using more than intended, neglect of activities, great deal of time spent using obtaining the substance, inability to fulfill roles, drinking or using substances despite having problems). A student is considered dependent on the substance if he/she marked "yes" to at least three DSM-III-R symptoms and for at least two of the symptoms, he/she indicated that it occurred several times. The abuse estimates above include students who *either* abuse or are dependent on a particular substance.

PRIORITY POPULATIONS

PREGNANT AND PARENTING WOMEN AND CHILDREN

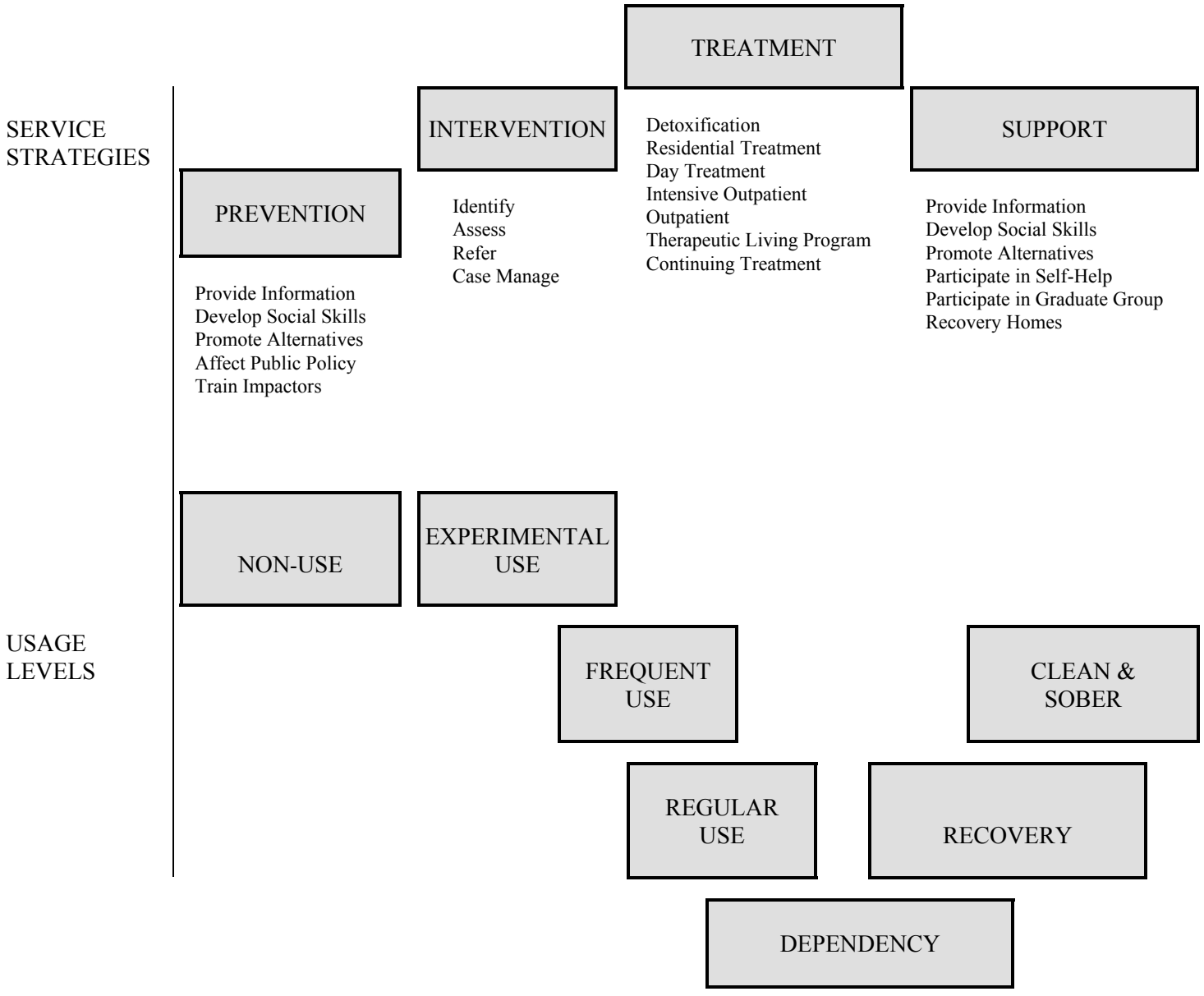
INJECTION DRUG USERS

NATIVE HAWAIIANS

ADULT OFFENDERS

CONTINUUM OF ALCOHOL AND OTHER DRUG SERVICES

To meet the need, a comprehensive continuum of alcohol and other drug treatment services is necessary. As shown below, the continuum of services includes prevention, intervention, treatment and support services. The Alcohol and Drug Abuse Division contracts out all direct services to community-based nonprofit organizations.



Source: Oregon State Office of Alcohol and Drug Abuse Programs. Alcohol & Drug Review; Vol. XI, No. 2, Summer 1991.

COMPLIANCE AND "RELAPSE" IN SELECTED MEDICAL DISORDERS*

INSULIN DEPENDENT DIABETES

Compliance with medication regimen	<50%
Compliance with diet and foot care	<30%
Retreated within 12 months	<30%-50%

MEDICATION DEPENDENT HYPERTENSION

Compliance with medication regimen	<30%
Compliance with diet	<30%
Retreated within 12 months	<50%-60%

ASTHMA (ADULT)

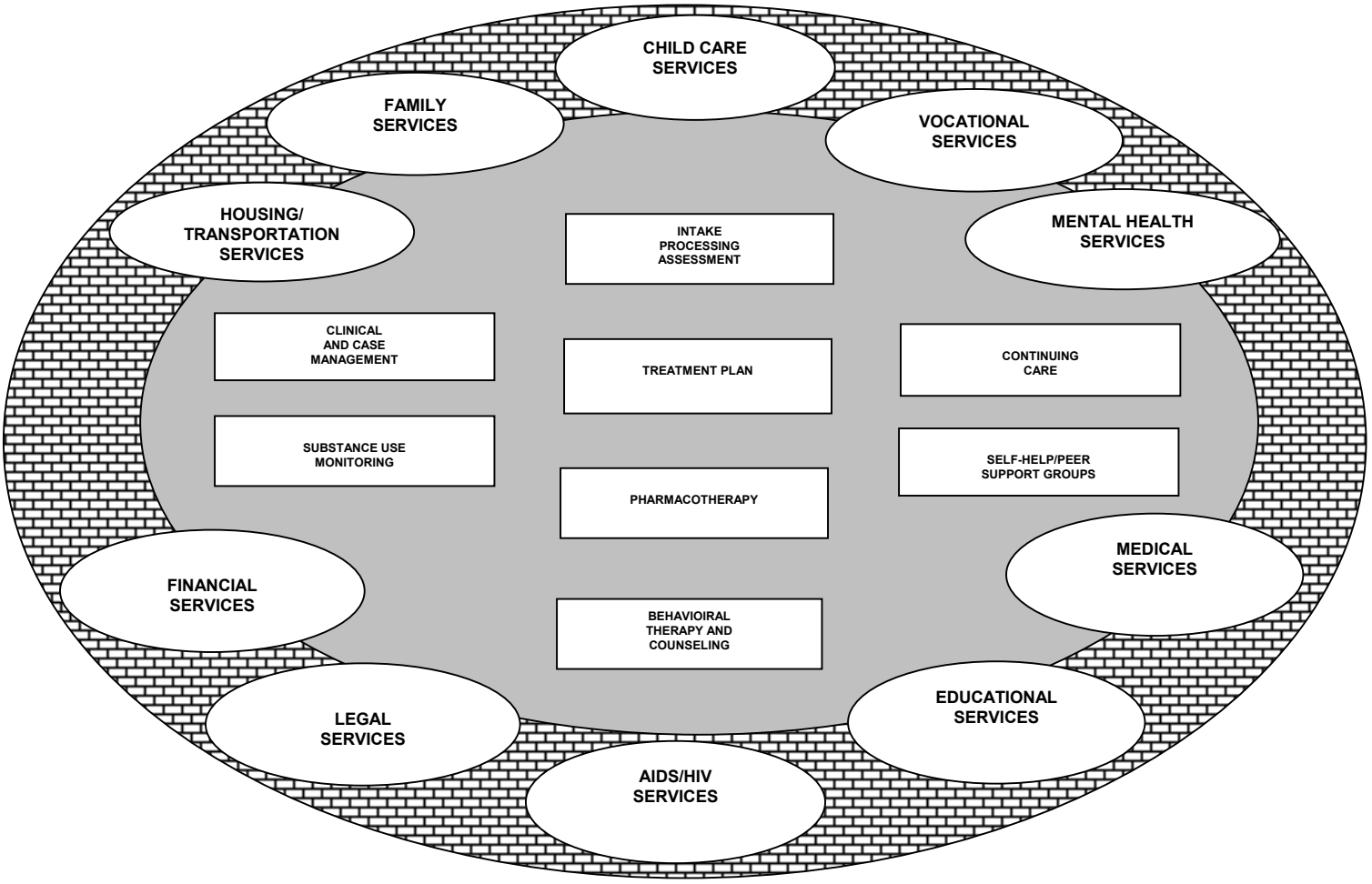
Compliance with medication regimen	<30%
Retreated within 12 months	<60%-80%

ABSTINENCE ORIENTED ADDICTION TREATMENT

Compliance with treatment attendance	<40%
Retreated within 12 months	<10%-30%

*Physician Leadership on National Drug Policy, March 1998.

COMPONENTS OF COMPREHENSIVE SUBSTANCE ABUSE TREATMENT



National Institute on Drug Abuse, Principles of Drug Addiction Treatment, October 1999

Modalities of treatment services. Substance abuse specific treatment services may be provided in a variety of settings or modalities within the treatment program. The treatment modality selected will depend on the findings of the initial assessment, the determination of needs of the client, and the matching of treatment services to meet the specific needs. The modalities include:

Detoxification. (Medically monitored residential treatment). Around the clock medical monitoring, evaluation and treatment in a residential setting for patients who have acute and severe alcohol and other drug (AOD) use disorders and who may also have a coexisting medical or psychiatric problem. Generally involves a short to intermediate length of stay (7-45 days) and may include non-medical or social model programs with variable lengths of stay.

Medical detoxification. (Medically managed intensive inpatient treatment). Around the clock medically directed evaluation and treatment in an acute care inpatient setting. This level of care is appropriate for the treatment of medical and psychiatric problems that may require biomedical treatment (such as life support) or secure services (such as locked units). Such treatment generally involves short to intermediate length of stay (7-45 days).

Outpatient treatment services. AOD focused treatment that includes professionally directed evaluation and treatment typically of less than 9 hours per week in regularly scheduled sessions.

Intensive outpatient treatment services. AOD focused, professionally directed evaluation and treatment of 9-20 hours per week in a structured program. These programs may be evening programs and frequently include some weekend programming.

Methadone/Levo-alpha-acetyl-methadol (LAAM). A medically supervised outpatient treatment which provides counseling while maintaining the client of the drug methadone/LAAM.

Day treatment or partial hospitalization. AOD-focused, professionally directed evaluation and treatment of more than 20 hours per week in a structured program. This is the most intensive of the outpatient treatment options and can be used for treating clients who demonstrate the greatest degree of dysfunction but do not require inpatient or residential treatment. Evening and weekend programming may be included.

Short-term intensive residential treatment. Generally 21-45 days treatment designed to teach the client how to live an AOD-free life and to provide motivation for the maintenance of such a lifestyle. Follow-up care on an outpatient basis and continued participation in peer support groups is recommended to maintain the recovery process begun in the residential setting.

Long-term intensive residential treatment. This long term treatment model (over 45 days) may be directed by an AOD treatment professional or may be medically directed. The model is similar to a therapeutic community model. It is appropriate for persons with multiple problems, especially those with dual disorders involving a personality and an AOD use disorder. The goal of psychosocial rehabilitation is always part of treatment.

Therapeutic living. A residential transitional living arrangement with minimal treatment in which residents are supervised by paid staff. Residents may work and receive education, training, or treatment in the surrounding community, although some treatment may be provided in the house. House responsibilities are shared, and rules must be followed.

Substance abuse treatment is ...

Addicted people may go on denying their alcohol and other drug problems, even when their lives are in shambles. It often takes serious trouble -- with the law, at school, at work, or in the family -- for them to make a move towards treatment.

Treatment refers to the broad range of services, including identification, intervention, assessment, diagnosis, counseling, medical services, psychiatric services, psychological services, social services and follow-up for persons with substance abuse problems. The overall goal of treatment is to reduce or eliminate the use of alcohol and/or drugs as a contributing factor to physical, psychological, and social dysfunction and to arrest, retard, or reverse the progress of any associated problems.

Where people go to end alcohol and other drug dependency.

An opportunity for people to start rebuilding their lives.

Varied from one program to another.

Always clearly structured, goal-oriented and demanding.

A match between client and program to ensure success.

Consistent support and help for people on the road to recovery.

WHAT HAPPENS IN TREATMENT?

Certain elements are basic to substance abuse treatment:

Detoxification. The process of getting alcohol and/or drugs out of the system -- of getting "clean." Some people need medical help and counseling to go through "detox."

Assessment. No two substance abusers are alike in substance abuse histories or their related problems. At the start of the treatment process, these aspects of the client's life need to be evaluated to determine the best course of treatment.

During assessment, the client's substance abuse behaviors are reviewed, as are current and previous medical and psychological conditions. Other factors, such as family relations and job history, are also explored.

Treatment plan. Information gathered during assessment helps program staff work with incoming clients to develop an individualized treatment plan. The plan is like a contract -- it spells out treatment objectives, the recommended therapeutic services, and other activities. The plan includes the client's responsibilities, the program's responsibilities, and how progress will be measured.

Therapeutic activities and services. Treatment programs often address all parts of a person's life that have been disrupted by alcohol and other drugs:

Clients diagnosed with substance abuse related health and nutritional problems receive or are referred to medical care, voluntary HIV testing and education, and Tuberculosis and Hepatitis B testing.

Counseling services help clients look at the patterns of their substance abuse. In *individual therapy*, they look at the underlying causes of their addiction. In *group therapy*, among other recovering people, clients are encouraged to confront their destructive behaviors and to explore new ways of dealing with people, with emotions, and with the craving for substances. *Family counseling* helps family members understand and participate in the recovery process.

Essential to recovery is learning how to spend leisure time. Through *recreational activities* clients are introduced to alcohol- and drug-free ways of enjoying themselves and contributing to the community.

Programs may provide services to meet specific clients' needs: *classroom instruction* for students; literacy, remedial reading and math for clients who lack *basic skills*; *job training* for unemployed or underemployed adults; and assistance in finding *housing* for clients without a home.

Aftercare/Continuing Care. Aftercare is critical for a successful return to the community. It helps people continue to apply the lessons learned in treatment to their own lives:

Before clients leave treatment, they are usually introduced to outside peer support groups like Narcotics Anonymous (NA) or Cocaine Anonymous (CA), which function like Alcoholics Anonymous (AA). These groups contribute to aftercare by allowing clients to maintain relationships with other recovering people who can help them stay alcohol- and drug-free. In addition, recovering people may return to the therapeutic program for regular group and individual counseling sessions. These aftercare services help people avoid relapse.

PRINCIPLES OF EFFECTIVE TREATMENT*

1. **No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.** Because individuals who are addicted to drugs may be uncertain about entering treatment, taking advantage of opportunities when they are ready for treatment is crucial. Potential treatment applicants can be lost if treatment is not immediately available or is not readily accessible.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug use.** To be effective, treatment must address the individual's drug use and any associated medical, psychological, social, vocational, and legal problems.

4. **An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient at times may require medication, other medical services, family therapy, parenting instruction, vocational rehabilitation, and social and legal services. It is critical that the treatment approach be appropriate to the individual's age, gender, ethnicity, and culture.

5. **Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The appropriate duration for an individual depends on his or her problems and needs. Research indicates that for most patients, the threshold of significant improvement is reached at about 3 months in treatment. After this threshold is reached, additional treatment can produce further progress toward recovery. Because people often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment.

6. **Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

7. **Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Methadone and levo-alpha-acetylmethadol (LAAM) are very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce their illicit drug use. Naltrexone is also an effective medication for some opiate addicts and some patients with co-occurring alcohol dependence. For persons addicted to nicotine, a nicotine replacement product (such as patches or gum) or an

oral medication (such as bupropion) can be an effective component of treatment. For patients with mental disorders, both behavioral treatments and medications can be critically important.

8. **Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.** Because addictive disorders and mental disorders often occur in the same individual, patients presenting for either condition should be assessed and treated for the co-occurrence of the other type of disorder.

9. **Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. While detoxification alone is rarely sufficient to help addicts achieve long-term abstinence, for some individuals it is a strongly indicated precursor to effective drug addiction treatment.

10. **Treatment does not need to be voluntary to be effective.** Strong motivation can facilitate the treatment process. Sanctions or enticements in the family, employment setting, or criminal justice system can increase significantly both treatment entry and retention rates and the success of drug treatment interventions.

11. **Possible drug use during treatment must be monitored continuously.** Lapses to drug use can occur during treatment. The objective monitoring of a patient's drug and alcohol use during treatment, such as through urinalysis or other tests, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that the individual's treatment plan can be adjusted. Feedback to patients who test positive for illicit drug use is an important element of monitoring.

12. **Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place themselves or others at risk of infection.** Counseling can help patients avoid high-risk behavior. Counseling also can help people who are already infected manage their illness.

13. **Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Addicted individuals may require prolonged treatment and multiple episodes of treatment to achieve long-term abstinence and fully restored functioning. Participation in self-help support programs during and following treatment often is helpful in maintaining abstinence.

National Institute on Drug Abuse, *Principles of Drug Addiction Treatment*, 1999.

TREATMENT PROGRAMS THAT WORK:

- **ARE AT LEAST THREE MONTHS TO A YEAR IN DURATION.**

- **ARE INTENSIVE, COMPREHENSIVE AND HIGHLY STRUCTURED.**

- **REQUIRE THERAPY FOCUSING ON ALL ASPECTS OF THE PATIENT'S LIFE.**

- **INCLUDE PARTICIPATION IN SUPPORT GROUPS.**

- **PROVIDE ACCESS TO EDUCATIONAL, VOCATIONAL AND EMPLOYMENT OPPORTUNITIES.**

- **FOSTER A SENSE OF BELONGING TO A COMMUNITY.**

Source: Institute of Medicine Report (1990).

TRENDS AND ISSUES THAT IMPACT

SUBSTANCE ABUSE TREATMENT

Distinctions are being made between the "deserving" and "undeserving" poor, and substance abusers are coming out on the "undeserving" of benefits side.

Most people think of treatment success as immediate, complete abstinence forever. Often no provision is made for relapse, or understanding of the chronic and relapsing nature of the disease.

Treatment on demand in an environment of reduced state and federal funding.

Gaps in the continuum of services.

Treatment for pregnant and parenting women and children.

Outreach, health care and treatment for injection drug users.

Treatment as an alternative to incarceration.

Treatment in the criminal justice system.

Access to primary health care for substance abusers.

Vocational training, employment counseling and referral, housing, and other ancillary services.

Exclusion of benefits to substance abusers:

- Supplemental Security Income (SSI).
- Limitations such as copayments and managed care gatekeeping procedures that preclude utilization of substance abuse treatment insurance coverage.
- Barring residence in public housing to those with a history of use of alcohol or drugs.

MANAGED CARE, WELFARE REFORM AND SUBSTANCE ABUSE

The advent of the QUEST program in 1994 has highlighted the need to assure the establishment of monitoring for contract arrangements with managed care systems that offer substance abuse treatment services.

Strategic issues:

Qualification standards for staff who conduct assessments and determine level(s) and duration of treatment.

Patient placement criteria, and review and approval of placement and utilization review criteria.

Ensuring that substance abuse treatment core services that are not covered under traditional health plans (i.e., child care, transportation to treatment, vocational counseling, etc.) are provided.

Ensuring treatment diversity -- acceptability, accessibility, treatment intensity and comprehensiveness.

Developing information systems to provide timely and accurate information concerning benefit utilization levels.

Staff credentialing and/or licensure that recognizes the specialized knowledge, skills and abilities required of the clinician.

Licensure standards specific to substance abuse prevention and treatment.

Providing regulatory agencies that license treatment providers with information on substance abuse treatment. These entities would also license subcontractors that conduct assessments or make treatment decisions for health maintenance organizations (HMOs).

Reviewing HMO service plans and monitoring HMO compliance.

Ensuring that State licensure entities have the capacity and resources to enforce HMO compliance with State standards.

Ensuring that HMOs collect and report AOD treatment data comparison of managed care and fee-for-service data.

Monitoring the effects of reimbursement and capitation rates on access and quality of services and supporting outcome studies to demonstrate the degree to which managed care yields efficient use of services, enhances treatment outcomes and is cost-effective.

Advocating for special needs populations such as pregnant women, injection drug users, ethnic and racial minorities, the homeless and the disabled.

Assisting clients with appeals and grievances with the managed care system.

Supporting the provision of case management to assure a continuum of care and appropriate linkages to social services, primary health care and mental health services.

SUBSTANCE ABUSE TREATMENT GOALS (2000-2004)

ADOLESCENT SUBSTANCE ABUSE TREATMENT	Reduce the harm and restore life functioning for substance abusing and substance dependent adolescents by providing treatment services for substance abusing adolescents and their families.
ADULT DETOXIFICATION AND FOLLOW THROUGH PROGRAMS	Assure availability of a safe, controlled environment to assist chemically intoxicated individuals to withdraw from the physiological effects of alcohol and other drugs.
ADULT SUBSTANCE ABUSE TREATMENT	Reduce the harm and restore life functioning for substance abusing and substance dependent adults by providing substance abuse treatment and support services for substance abusing adults and their families.
PREGNANT AND PARENTING WOMEN AND CHILDREN	Reduce the impact of substance abuse on children and families by assuring availability of and access to appropriate treatment services for substance abusing women and their children.
INJECTION DRUG USERS	Reduce the spread of AIDS and other communicable diseases in the high risk substance abusing population by providing treatment for injection drug users.
MENTALLY ILL SUBSTANCE ABUSERS	Assure that substance abusers who also have a mental health problem are identified, supported and receive appropriate care.
RECOVERY GROUP HOMES	Support continuing recovery for substance abusers by assuring access to alcohol and drug free housing.

SUBSTANCE ABUSE PREVENTION

Substance abuse prevention is a dynamic and proactive process that attempts to reduce the supply and demand for alcohol and other drugs by focusing on:

The **agent**, which is defined as alcohol, tobacco, and other legal and illegal drugs.

The **host**, which is defined as the individual or group, their susceptibilities to alcohol and other drug-related problems, and their knowledge and attitudes that influence their behavior.

The **environment**, which is defined as the setting or context in which drinking and other drug-using behavior occurs or is influenced. The environment includes institutions and systems, such as schools and religious institutions, the community in which they exist, and the larger society with its norms and mores.

The challenge is to reduce the demand for alcohol and other drugs. Because the agent (drugs), the host (individual or group) and the environment (society) are interactive and interdependent, prevention efforts must deal with all three simultaneously.

The six prevention strategies recommended by the Center for Substance Abuse Prevention are:

Community Mobilization

Information Dissemination

Prevention Education

Alternatives

Problem Identification and Referral

Environmental

PREVENTION PRINCIPLES

Prevention is:

- ***The promotion of constructive lifestyles and norms that discourage drug use.***

- ***The development of social and physical environments that facilitate drug-free lifestyles.***

Prevention is achieved through the application of multiple strategies; it is an ongoing process that must relate to each emerging generation.

NIDA (April 2, 1997)

Prevention programs should:

Enhance "protective factors" and reduce known "risk factors."

Target all forms of drug abuse, including the use of alcohol, tobacco and other drugs.

Be adapted to address the specific nature of the drug abuse problem in the local community.

Include skills to resist drugs when offered.

Strengthen personal commitments against drug use.

Increase social competency -- communications, peer relationships, self-efficacy and assertiveness -- to reinforce attitudes against drug use.

Include interactive methods, such as peer discussion groups.

Include a parents' or caregivers' component that reinforces what the children are learning and creating opportunities for family discussions about use of legal and illegal substances and family policies about their use.

Span the school – elementary, middle and high school -- career with repeat interventions to reinforce the original prevention goals.

Be age-specific, developmentally appropriate and culturally sensitive.

Be cost-effective; every dollar spent on drug use prevention can save communities 4 to 5 dollars in costs for drug abuse treatment and counseling.

RISK AND PROTECTIVE FACTORS
RELATED TO SUBSTANCE USE

RISK FACTORS

Risk factors are characteristics of people or their family, school, and community environments that are associated with increases in alcohol, tobacco, marijuana, and other drug use. Seventeen factors have been identified that increase the likelihood that children and youth will develop problem behaviors such as substance abuse.

PROTECTIVE FACTORS

Factors associated with reduced potential for drug use are called protective factors. Protective factors encompass psychological, behavioral, family, and social characteristics that can insulate children and youth from the effects of risk factors that are present in his/her environment.

COMMUNITY

Alcohol and other drugs readily available.
Laws and ordinances are unclear or inconsistently enforced. Norms are unclear or encourage use.
Residents feel little sense of "connection" to community and communities are disorganized.
Neighborhoods have high transitions and residents are very mobile.
Communities have extreme poverty.

Opportunities exist for community involvement.
Laws and ordinances are consistently enforced.
Policies and norms encourage non-use.
Community service opportunities are available for youth.
Resources (housing, healthcare, childcare, jobs, recreation, etc.) are available.

FAMILY

Family member with history of alcohol or other drug abuse.
Parents have trouble keeping track of their teens and do not have clear rules and consequences regarding alcohol and other drug use.
Parents use drugs, involve youth in their use ("get me a beer, would you?") or tolerate use by youth.
Family members have many conflicts.

Close family relationships.
Education is valued and encouraged, and parents are actively involved.
Copes with stress in a positive way.
Clear expectations and limits regarding alcohol and other drug use.
Encourages supportive relationships with caring adults beyond the immediate family.
Shares family responsibilities, including chores and decision-making.
Family members are nurturing and support each other.

SCHOOL

Students lack commitment or sense of belonging at school.
High number of students fail academically at school.
Students exhibit persistent problem behaviors in school.

Communicates high academic and behavioral expectations.
Encourages goal-setting, academic achievement, and positive social development.
Provides leadership and decision-making opportunities for students.
Fosters active involvement of students, parents and community members.
Sponsors substance-free events.

INDIVIDUAL

Youth associates with friends who use.
Has attitude that alcohol and drug use is "cool."
Begins using at a young age.
Has certain physical, emotional or personality traits.
Feels alienated and/or are rebellious.

Involved in alcohol and other drug-free activities.
Views parents, teachers, doctors, law enforcement officers and other adults as allies.
Has positive future plans.
Has friends who disapprove of alcohol and other drug use.

SUBSTANCE ABUSE PREVENTION PROGRAMS AND STRATEGIES

Types of programs:

Universal programs reach the general population – such as all students of a school.

Selective programs target at-risk or subsets of the general population – such as children of drug users or poor school achievers.

Indicated programs are designed for people who are already experimenting with drugs or who exhibit other risk-related behaviors.

Basic prevention strategies:

Raise awareness of the dangers of drug use and the benefits of constructive behavior.

Promote good parenting skills and strengthen the family as the first defense against drug abuse.

Build academic/vocational skills to allow individuals the potential of developing into contributing members of society.

Provide mentoring and positive role modeling for youth.

Build social skills to enable the development of strong self-image that leads to positive life decisions.

Mobilize communities to establish environment enhancing positive personal development.

Strengthen and support policies that promote healthy lifestyles and change community norms.

Utilize research based best practices in programming.

COMMUNITY-, SCHOOL- AND FAMILY-BASED PROGRAMS

Community-based programs that are accompanied by school and family interventions strengthen norms against drug use in drug abuse prevention settings, including the family, the school, and the community. Community-based programs:

Integrate the individual, family, school, media, community organizations and health providers.

Use media and community education strategies to increase public awareness, attract community support, reinforce the school-based curriculum for students and parents and inform the public of the program's progress.

Reach different populations at risk, and are of sufficient duration to make a difference.

Follow a structured organizational plan that progresses from needs assessment through planning, implementation and review to refinement.

Have specific objectives and activities, are time-limited, feasible (given available resources), and integrated so that they work together across program components.

School-based programs offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for substance abuse. School-based programs:

Reach children from kindergarten through high school, particularly during the critical middle school or junior high years.

Contain multiple years of intervention throughout the middle school or junior high years.

Use a well-tested, standardized intervention with detailed lesson plans and student materials.

Teach drug-resistance skills through interactive methods --modeling, role-playing, discussion, group feedback, reinforcement and extended practice.

Foster prosocial bonding to the school and community.

Teach social competence -- communication, self-efficacy, assertiveness -- and drug resistance skills that are culturally and developmentally appropriate.

Promote positive peer influence.

Promote anti-drug social norms.

Emphasize skills-training teaching methods.

Include an adequate "dosage" – 10 to 15 sessions in year 1 and another 10 to 15 booster sessions.

Retain core elements of the effective intervention design.

Evaluated to determine whether the programs are effective.

Family-based programs have a greater impact than strategies that focus on parents only or children only. Family-based programs:

Reach families of children at each stage of development.

Train parents in behavioral skills to:

- Reduce behavior problems in children.
- Improve parent-child relations, including positive reinforcement, listening and communication skills, and problem solving.
- Provide consistent discipline and rulemaking.
- Monitor children's activities during adolescence.

Include an educational component for parents with drug information for them and their children.

Are directed to families whose children are in kindergarten through 12th grade to enhance protective factors.

Provide access to counseling services for families at risk.

NIDA (April 2, 1997)

PREVENTION GOALS
(2000-2004)

YOUTH LEADERSHIP DEVELOPMENT	Provide youth with knowledge and leadership skills to implement alcohol and other drug free activities.
PRIMARY PREVENTION PROJECTS FOR YOUTH	Prevent the onset of alcohol, tobacco and other drug use among high-risk youth.
COLLEGE AGE POPULATION	Promote and develop a drug-free lifestyle for the college age population.
ELDERLY PRESCRIPTION ABUSE PREVENTION	Reduce prescription misuse and increase knowledge of the dangers of interactive effects of medicine in the elderly.
NATIVE HAWAIIAN AGRICULTURAL PROJECT	Promote culturally rich Native Hawaiian prevention education and wholesome lifestyle role modeling to elementary grade children.
NATIVE HAWAIIAN EX-OFFENDER PREVENTION PROGRAM	Improve the quality of life of Native Hawaiian ex-offenders by incorporating a substance abuse prevention project that employs traditional Native Hawaiian healing methods.
STATE RESOURCE CENTER (RADAR)	Assure a statewide reservoir of current alcohol, tobacco and other drug information and the availability of the most current information on substance abuse prevention and treatment services.
TARGETED EDUCATION/ PREVENTION	Increase professional and public awareness of the health and safety risks associated with the use and abuse of alcohol and other drugs.
PUBLIC AWARENESS CAMPAIGN	Promote a wellness model to influence the behaviors and attitudes of the public regarding alcohol and other drugs.
UNDERAGE DRINKING	Increase awareness of the underage drinking problem to prevent early onset drinking.

§321-193 Duties and responsibilities of department. The department shall:

(1) Coordinate all substance abuse programs including rehabilitation, treatment, education, research, and prevention activities.

(2) Prepare, administer, and supervise the implementation of a state plan for substance abuse which may consist of a plan for alcohol abuse prevention and a plan for drug abuse prevention.

(3) Identify all funds, programs, and resources available in the State, public and private, and from the federal government which are being used or may be used to support substance abuse prevention, rehabilitation, treatment, education, and research activities.

(4) Be the designated agency required by, and receive and administer all available substance abuse funds including but not limited to funds received from, the federal government under Public Law 92-255, Public Law 91-616, Public Law 91-211, and Title IVA and XVI of the Social Security Act or other subsequent Acts of Congress which may amend or succeed such Acts.

(5) Encourage and coordinate the involvement of private and public agencies in the assessment of substance abuse problems, needs, and resources.

(6) Coordinate the delivery of available funding to public and private agencies for program implementation.

(7) Establish mechanisms and procedures for receiving and evaluating program proposals, providing technical assistance, monitoring programs and securing necessary information from public and private agencies for the purposes of planning, management, and evaluation.

(8) Review the state plan for substance abuse annually for the purpose of evaluation and make necessary amendments to conform with the requirements of federal or state laws.

(9) Do all things necessary to effectuate the purposes of this part.

(10) Certify program administrators, counselors and accredit programs related to substance abuse programs in accordance with rules to be promulgated by the department. [L 1975, c 190, pt of §2; am L 1977, c 108, §1]